

**DELAWARE BOARD OF GEOLOGISTS**

**APPLICATION FOR CONTINUING EDUCATION APPROVAL**

**LICENSEE INFORMATION** (Complete this section only if this form is being submitted by the licensee.)

Name: \_\_\_\_\_ Delaware Registration no. \_\_\_\_\_

Address: \_\_\_\_\_  
(Street, P.O. Box, Apt.) City State Zip Code

Day telephone no. (\_\_\_\_) \_\_\_\_\_ E-mail address \_\_\_\_\_

**SPONSOR/PROVIDER INFORMATION (To be completed by provider/licensee)**

Sponsored by: \_\_\_\_\_

Contact person/continuing education coordinator: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street, Suite number, Floor) City State Zip Code

Business telephone no. (\_\_\_\_) \_\_\_\_\_

**PROGRAM INFORMATION (To be completed by sponsor/licensee)**

**\*\*Program Title :** \_\_\_\_\_

**\*\*Program Dates:** \_\_\_\_\_  
Month/Day/Year Month/Day/Year

Is proof of completion provided? (i.e., Certificate) Yes \_\_\_\_\_ No \_\_\_\_\_

Total contact hours requested (excluding breaks) \_\_\_\_\_

**\*\*Home Study?** Yes \_\_\_\_\_ No \_\_\_\_\_ If home study course, does sponsor collect a post-test? Yes \_\_\_\_\_ No \_\_\_\_\_

Is proof of completion for home study provided? Yes \_\_\_\_\_ No \_\_\_\_\_ Total home study hours requested: \_\_\_\_\_

**\*\*Attach documentation (copies only) of course objectives, presenter's credentials and a detailed course schedule that indicates breaks and meal periods. No credit will be given for introduction of programs, breaks and meals.**

**If you have any questions, you may reach the Board office by phone at 302-744-4537 or by e-mail at [caitlin.mears@state.de.us](mailto:caitlin.mears@state.de.us). Our web address is <http://www.dpr.delaware.gov>.**

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DECISION (Board Use Only)

\_\_\_\_\_ Approved Total Contact Hours: \_\_\_\_\_

\_\_\_\_\_ Denied Reason Denied: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_  
Caitlin E. Mears, Administrative Specialist Date